

106TH CONGRESS
1ST SESSION

H. R. 2030

To amend title XVIII of the Social Security Act to improve the process by which the Secretary of Health and Human Services makes coverage determinations for items and services furnished under the Medicare Program, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

JUNE 7, 1999

Mr. RAMSTAD introduced the following bill; which was referred to the Committee on Ways and Means, and in addition to the Committee on Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to improve the process by which the Secretary of Health and Human Services makes coverage determinations for items and services furnished under the Medicare Program, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE; TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the
5 “Medicare Patient Access to Technology Act of 1999”.

1 (b) TABLE OF CONTENTS.—The table of contents of
 2 this Act is as follows:

- Sec. 1. Short title; table of contents.
- Sec. 2. Findings.
- Sec. 3. Establishment of medicare advisory committees.
- Sec. 4. Annual adjustments to medicare payment systems for changes in technology and medical practice.
- Sec. 5. Process for making and implementing certain coding modifications.
- Sec. 6. Retention of HCPCS level III codes.

3 **SEC. 2. FINDINGS.**

4 Congress makes the following findings:

5 (1) In order to assure genuine access of medi-
 6 care beneficiaries to medical technologies, the Sec-
 7 retary of Health and Human Services has an obliga-
 8 tion to integrate and coordinate its medical tech-
 9 nology coverage policy determination process with
 10 agency policies and practices that govern assignment
 11 of procedure codes, establishment and adjustment of
 12 payment levels and groupings, and issuance of time-
 13 ly instructions to contractors.

14 (2) The effectiveness of the medicare program
 15 in meeting beneficiary needs is compromised if ac-
 16 cess to state-of-the-art medical care is denied as a
 17 result of ineffective agency performance in the cov-
 18 erage, coding, or payment processes, or in the ineff-
 19 ective administrative execution of medical tech-
 20 nology decisions.

21 (3) The Secretary of Health and Human Serv-
 22 ices owes medicare beneficiaries the assurance that

1 the various medicare payment systems (in both the
 2 fee-for-service and managed care areas) are operated
 3 in a way that reflects developments in, and improve-
 4 ments upon, medical technology by properly setting
 5 and adjusting payment levels and payment groups.

6 (4) Clear, predictable, and well-functioning cov-
 7 erage, coding, and payment systems are particularly
 8 critical to this country’s small medical technology
 9 companies, which are the originators of most med-
 10 ical product innovations.

11 (5) Unless medicare’s coverage, coding, and
 12 payment systems review products promptly, apply
 13 standards appropriate for medical technology, and
 14 provide reasonable reimbursement levels, these com-
 15 panies will experience difficulties in bringing the
 16 benefits of medical innovation to medicare bene-
 17 ficiaries.

18 **SEC. 3. ESTABLISHMENT OF MEDICARE ADVISORY COMMIT-**
 19 **TEES.**

20 (a) IN GENERAL.—Title XVIII of the Social Security
 21 Act (42 U.S.C. 1395 et seq.) is amended by adding at
 22 the end the following new section:

23 “MEDICARE ADVISORY COMMITTEES

24 “SEC. 1897. (a) ESTABLISHMENT OF MEDICARE AD-
 25 VISORY COMMITTEES.—For the purpose of securing ad-
 26 vice and recommendations on issues related to coverage,

1 payment, and coding decisions, the Secretary shall estab-
 2 lish, under section 9(a)(1) of the Federal Advisory Com-
 3 mittee Act, the advisory committees described in this sec-
 4 tion.

5 “(b) MEDICARE PAYMENT AND CODING ADVISORY
 6 COMMITTEE.—

7 “(1) ESTABLISHMENT.—For the purpose of se-
 8 curing advice and recommendations on payment and
 9 coding issues under this title, not later than January
 10 1, 2000, the Secretary shall establish the Medicare
 11 Payment and Coding Advisory Committee (herein-
 12 after in this subsection referred to as the ‘Com-
 13 mittee’). The Secretary shall consult with the Com-
 14 mittee, and may consult directly with any panel of
 15 the Committee established pursuant to subsection
 16 (d)(1).

17 “(2) DUTIES.—The Committee, and its panels,
 18 shall provide advice and recommendations to the
 19 Secretary on policies regarding payment and coding
 20 issues under this title, including identification of—

21 “(A) policies and mechanisms to help en-
 22 sure that payment and coding decisions are—

23 “(i) made in a way that encourages
 24 access to high-quality medical care under
 25 this title;

1 “(ii) made through processes that
2 allow for significant public participation;
3 and

4 “(iii) made expeditiously, in accord-
5 ance with specified time frames for each
6 significant step in the process of making
7 such decisions;

8 “(B) an equitable mechanism for deter-
9 mining fee schedule payment amounts for items
10 and services (other than physicians’ services);
11 and

12 “(C) processes for reconsideration and ap-
13 peal of determinations of fee schedule payment
14 amounts.

15 “(3) REPORT.—

16 “(A) ANNUAL REPORT TO THE SEC-
17 RETARY.—Not later than December 1 of each
18 of fiscal years 2000 through 2003, the Com-
19 mittee shall submit to the Secretary a report on
20 the progress of the Committee progress during
21 the preceding fiscal year, in carrying out the
22 duties under paragraph (2).

23 “(B) PUBLICATION OF REPORT.—Not later
24 than 60 days after receipt of the report under
25 subparagraph (A), the Secretary shall publish

1 the report, together with any supplemental
2 views of the Secretary, on the Internet site of
3 the Department of Health and Human Services.

4 “(4) TERMINATION.—The Committee shall ter-
5minate on September 30, 2003.

6 “(c) ADVISORY COMMITTEE ON MEDICARE ACCESS
7 TO TECHNOLOGY.—

8 “(1) ESTABLISHMENT.—Not later than July 1,
9 2003, the Secretary shall establish the Medicare Ac-
10cess to Technology Advisory Committee (hereinafter
11 in this subsection referred to as the ‘Committee’).
12 The Secretary shall consult with the Committee, and
13 may consult directly with any panel of the Com-
14mittee established pursuant to subsection (d)(1).

15 “(2) DUTIES.—The Committee, and its panels,
16 shall provide advice and recommendations to the
17 Secretary with respect to—

18 “(A) the issues referred to the Medicare
19 Coverage Advisory Committee (established by
20 the Secretary on November 24, 1998, notice of
21 which was printed in the Federal Register on
22 December 14, 1998, (63 FR 68780));

23 “(B) the issues referred to the Medicare
24 Payment and Coding Advisory Committee
25 under subsection (b); and

1 “(C) integrating policies on coverage, pay-
2 ment, and coding under this title into a process
3 that helps to assure timely access to high-quality
4 medical care.

5 “(3) REPORT.—

6 “(A) ANNUAL REPORT TO THE SEC-
7 RETARY.—Not later than December 1 of every
8 year beginning with 2004, the Committee shall
9 submit to the Secretary a report on the
10 progress of the Committee during the preceding
11 fiscal year, in accomplishing the duty described
12 in paragraph (2)(C).

13 “(B) PUBLICATION OF REPORT.—Not later
14 than 60 days after receipt of the report under
15 subparagraph (A), the Secretary shall publish
16 the report, together with any supplemental
17 views of the Secretary, on the Internet site of
18 the Department of Health and Human Services.

19 “(4) DURATION.—Section 14(a)(2)(B) of the
20 Federal Advisory Committee Act (5 U.S.C. App.; re-
21 lating to the termination of advisory committees)
22 shall not apply to the Committee.

23 “(d) ADVISORY COMMITTEE PROCEDURES.—In ad-
24 ministering each of the advisory committees under this
25 section, the Secretary shall—

1 “(1) organize each advisory committee into pan-
2 els of experts according to types of items or services;

3 “(2) solicit nominations as needed from the
4 public by publishing a notice in the Federal Register
5 and on the Internet site of the Department of
6 Health and Human Services;

7 “(3) ensure participation on each advisory com-
8 mittee of persons who—

9 “(A) are experts in a variety of medical
10 specialties and fields of science, in specific areas
11 of medical technology (such as clinical and di-
12 agnostic tests and durable medical equipment),
13 in medical research generally (such as the study
14 of treatment outcomes), and in other areas rel-
15 evant to the duties assigned to the advisory
16 committee (taking into account, as appropriate,
17 any affiliations individuals may have with orga-
18 nizations possessing information, expertise, and
19 other resources that would contribute signifi-
20 cantly to the work of the advisory committee
21 and its panels);

22 “(B) are qualified by training and experi-
23 ence to evaluate the matters referred to the ad-
24 visory committee (including, on each panel, a
25 representative of consumer interests and a rep-

1 representative of the interests of manufacturers of
2 medical technology); and

3 “(C) have adequately diversified back-
4 grounds so that the advisory committee will
5 provide balanced advice and recommendations;

6 “(4) exclude from membership on each advisory
7 committee individuals who are in the full time em-
8 ploy of the United States and engaged in the admin-
9 istration of the program established under this title;

10 “(5) limit the number of members of each advi-
11 sory committee who are otherwise in the full-time
12 employ of the United States to not more than 10
13 percent of the total membership of the advisory com-
14 mittee;

15 “(6) impose appropriate term limits for mem-
16 bers of each advisory committee;

17 “(7) designate one of the members of each
18 panel to serve as the chair thereof and appoint an
19 executive subcommittee comprised of the chairs of
20 each panel to advise the Secretary regarding—

21 “(A) establishing priorities; and

22 “(B) referring issues to appropriate panels;

23 “(8) permit each panel to independently advise
24 the Secretary with regard to matters referred to the

1 panel, without the need to obtain the concurrence
2 of the full advisory committee;

3 “(9) provide for appropriate consultation with
4 outside experts by each advisory committee and its
5 panels;

6 “(10) provide for—

7 “(A) full public participation, to the extent
8 required or permitted under law, in any meet-
9 ing of each advisory committee or its panels;

10 “(B) at least 60 days’ advance notice on
11 the Internet site of the Department of Health
12 and Human Services of any such meeting, in-
13 cluding a statement of the issues to be consid-
14 ered by the advisory committee or panel, a de-
15 scription of the specific information that is rel-
16 evant to such issues, and the text of any pro-
17 posals the Secretary will ask the advisory com-
18 mittee or panel to consider;

19 “(C) consideration by each advisory com-
20 mittee or panel of relevant information or testi-
21 mony that is submitted by the public; and

22 “(D) public access in a central repository
23 to the information described in subparagraph
24 (C) at least 20 days before the meeting;

1 “(11) furnish each advisory committee and its
2 panels with adequate clerical and other necessary as-
3 sistance;

4 “(12) provide for the compensation of members
5 of each advisory committee and its panels (other
6 than those in the full time employ of the United
7 States)—

8 “(A) while attending meetings or otherwise
9 engaged in official business at rates to be fixed
10 by the Secretary, but not at rates exceeding the
11 daily equivalent of the rate in effect for level IV
12 of the Executive Schedule for each day so en-
13 gaged, including travel time; and

14 “(B) while serving away from their homes
15 or regular places of business, of travel expenses
16 (including per diem in lieu of subsistence) as
17 authorized by section 5703 of Title 5, United
18 States Code, for persons in the Government
19 service employed intermittently;

20 “(13) provide for the panels to meet at least
21 once every 3 months unless there is no business to
22 conduct;

23 “(14) require each advisory committee and its
24 panels to provide, with any recommendation, a sum-
25 mary of the reasons for the recommendation and a

1 summary of the data upon which the recommenda-
2 tion is based;

3 “(15) make a verbatim transcript of each advi-
4 sory committee and panel proceedings (other than
5 those portions that are closed to the public in ac-
6 cordance with law) available to the public within 14
7 days on an official Internet site of the Department
8 of Health and Human Services; and

9 “(16) prescribe in regulations the procedures to
10 be followed by each advisory committee and its pan-
11 els in making their reviews and recommendations.

12 “(e) DEFINITIONS.—For purposes of this section—

13 “(1) the term ‘coding’ means the assignment of
14 identification codes for medical equipment and sup-
15 plies, items, services, and other benefits under this
16 title; and

17 “(2) the term ‘payment’ means the determina-
18 tion of appropriate payment amounts for medical
19 equipment and supplies, items, services, and other
20 benefits under this title.”.

21 (b) TRANSITION, CONTINUING RESPONSIBILITY FOR
22 UNFINISHED DUTIES.—

23 (1) Effective on the date the Medicare Access
24 to Technology Advisory Committee is established,
25 the Secretary of Health and Human Services shall

1 provide for the transfer to such committee of any as-
2 sets and staff of the Medicare Coverage Advisory
3 Committee and the Medicare Payment and Coding
4 Advisory Committee, without any loss of benefits or
5 seniority by virtue of such transfers. Fund balances
6 available to the Medicare Coverage Advisory Com-
7 mittee or the Medicare Payment and Coding Advi-
8 sory Committee for any period shall be available to
9 the Medicare Access to Technology Advisory Com-
10 mittee for such period for like purposes.

11 (2) The Medicare Access to Technology Advi-
12 sory Committee shall be responsible for the prepara-
13 tion and submission of reports and recommendations
14 not yet submitted to the Secretary by the Medicare
15 Coverage Advisory Committee or the Medicare Pay-
16 ment and Coding Advisory Committee upon the expi-
17 ration of those committees.

18 (c) REPORTING REQUIREMENTS.—

19 (1) Not later than April 1, 2000, the Secretary
20 of Health and Human Services shall submit to Con-
21 gress a report certifying that the committee and
22 panels required to be established by section 1897(b),
23 as added by subsection (a), are operational.

24 (2) Not later than September 1, 2003, the Sec-
25 retary of Health and Human Services shall submit

1 to Congress a report certifying that the committee
2 and panels required to be established by section
3 1897(c), as added by subsection (a), are operational.

4 (3) Not later than December 1 of each year be-
5 ginning with 2000, the Secretary of Health and
6 Human Services shall submit to Congress a report
7 describing the timeliness of the Secretary's national
8 coverage policy decision making during the preceding
9 fiscal year measured by the time frames the Sec-
10 retary has published for the national coverage policy
11 determination process, and such report shall include
12 the actual time periods that were necessary to com-
13 plete and fully implement national coverage policy
14 determinations and each significant step in the proc-
15 ess.

16 (4) Not later than July 1, 2000, the Secretary
17 of Health and Human Services shall submit to Con-
18 gress a report, on the nature of the coverage policy
19 determination processes used by Medicare+Choice
20 organizations, under part C of title XVIII of the So-
21 cial Security Act, including a detailed explanation of
22 any steps taken to ensure that the coverage policy
23 determination processes under the Medicare+Choice
24 program—

1 (A) produce results consistent with the
 2 coverage policy determinations reached under
 3 parts A and B of such title; and

4 (B) treat any medical device being inves-
 5 tigated under section 520(g) of the Federal
 6 Food, Drug, and Cosmetic Act (42 U.S.C.
 7 360j(g)), in a manner consistent with the treat-
 8 ment afforded such medical device under such
 9 parts.

10 **SEC. 4. ANNUAL ADJUSTMENTS TO MEDICARE PAYMENT**
 11 **SYSTEMS FOR CHANGES IN TECHNOLOGY**
 12 **AND MEDICAL PRACTICE.**

13 (a) IN GENERAL.—Title XVIII of the Social Security
 14 Act (42 U.S.C. 1395 et seq.) is amended by inserting after
 15 section 1888 the following new section:

16 “ANNUAL ADJUSTMENTS TO MEDICARE PAYMENT SYS-
 17 TEMS FOR CHANGES IN TECHNOLOGY AND MEDICAL
 18 PRACTICE

19 “SEC. 1889. (a) IN GENERAL.—Notwithstanding any
 20 other provision of this title, the Secretary shall adjust the
 21 appropriate elements of the payment systems established
 22 under sections 1833(i)(2)(A), 1833(t), 1848, and 1886(d),
 23 and the payment systems referred to in subsection (f), (in-
 24 cluding relative payment weights, relative value units, and
 25 weighting factors) at least annually to ensure that pay-
 26 ments under such systems—

1 “(1) appropriately reflect changes in medical
2 technology and medical practice affecting the items
3 and services for which payment may be made under
4 such systems; and

5 “(2) promote the efficient and effective delivery
6 of high-quality health care.

7 “(b) RULES FOR DETERMINING ADJUSTMENTS.—
8 Except as provided in subsection (c), the provisions of sec-
9 tion 1833(i)(2)(A), section 1833(t)(6), section
10 1848(c)(2)(B), and section 1886(d)(4)(C), and the appro-
11 priate provisions of the payments systems referred to in
12 subsection (f), shall apply to the annual adjustments re-
13 quired by this section in the same manner and to the same
14 extent as they apply to the periodic adjustments of relative
15 payment weights, relative value units, and weighting fac-
16 tors, respectively, that are authorized or required by such
17 sections.

18 “(c) USE OF INTERNAL DATA COLLECTED BY THE
19 SECRETARY.—

20 “(1) IN GENERAL.—In determining the adjust-
21 ments required by this subsection, the Secretary
22 may not—

23 “(A) decline to make an adjustment that is
24 based on data collected by the Secretary in the
25 administration of the program established

1 under this title if the data reflect a representa-
2 tive sample of cases that is statistically valid;
3 and

4 “(B) establish a uniform period of time
5 (such as one year) from which such data must
6 be drawn.

7 “(2) DEADLINE FOR SUPPLYING INTERNAL
8 DATA.—The Secretary shall establish a reasonable
9 deadline for the submission of data collected by the
10 Secretary to be used in making the adjustments re-
11 quired by this section. In no event may the deadline
12 established under this paragraph be more than 7
13 months before the first day of the provider payment
14 update period for which the adjustment or adjust-
15 ments to which the data relates would be effective.

16 “(d) USE OF EXTERNAL DATA.—

17 “(1) IN GENERAL.—Subject to paragraph (2),
18 in determining the adjustments required by this sec-
19 tion, the Secretary shall utilize data other than data
20 collected by the Secretary in the administration of
21 the program established under this title if—

22 “(A) data collected by the Secretary in the
23 administration of such program are not avail-
24 able at the time such adjustments are being de-
25 termined; and

1 “(B) such other data are reliable and
2 verifiable.

3 “(2) EXTERNAL DATA FACILITATING THE USE
4 OF INTERNAL DATA.—In determining the adjust-
5 ments required by this section, the Secretary may
6 not—

7 “(A) decline to use data other than data
8 collected by the Secretary if such other data—

9 “(i) enable the Secretary to identify or
10 refine data collected by the Secretary for
11 use in making such an adjustment; and

12 “(ii) are based on a representative
13 sample of cases that is statistically valid;
14 or

15 “(B) establish a uniform period of time
16 (such as one year) from which such data must
17 be drawn.

18 “(3) ALTERNATIVE SOURCES OF DATA.—In de-
19 termining the adjustments required by this section,
20 the Secretary shall use data, that otherwise meets
21 the requirements of this subsection, collected by (or
22 on behalf of)—

23 “(A) private payers;

24 “(B) manufacturers of medical tech-
25 nologies;

1 “(C) suppliers;

2 “(D) groups representing physicians and
3 other health care professionals;

4 “(E) groups representing providers;

5 “(F) clinical trials; and

6 “(G) such other sources as the Secretary
7 determines to be appropriate.

8 “(4) CLARIFICATION.—Nothing in this title
9 shall be construed as—

10 “(A) requiring the Secretary to identify all
11 claims submitted under a payment system es-
12 tablished under section 1833(i)(2)(A), section
13 1833(t), section 1848, or section 1886(d), or
14 under the payment systems referred to in sub-
15 section (f), involving the use of a medical tech-
16 nology before the Secretary may make the ad-
17 justments under this section (or under section
18 1833(i)(2)(A), section 1833(t), section 1848, or
19 section 1886(d), or under the appropriate sec-
20 tions with respect to the payment systems re-
21 ferred to in subsection (f)) with respect to such
22 technology; or

23 “(B) authorizing the Secretary to defer ac-
24 tion on such an adjustment until all such claims
25 are identifiable.

1 “(5) DEADLINE FOR SUPPLYING EXTERNAL
2 DATA.—The Secretary shall establish a reasonable
3 deadline for the submission of data other than data
4 collected by the Secretary to be used in making the
5 adjustments required by this section. In no event
6 may the deadline established under this paragraph
7 be more than 9 months before the first day of the
8 provider payment update period for which the ad-
9 justment or adjustments to which the data relates
10 would be effective.

11 “(e) TIMING OF ADJUSTMENTS.—

12 “(1) IN GENERAL.—The annual adjustments
13 required by this section shall—

14 “(A) apply to provider payment update pe-
15 riods beginning on or after October 1, 2000;
16 and

17 “(B) be described in the proposed and
18 final rules published by the Secretary with re-
19 spect to changes to a payment system estab-
20 lished under section 1833(i)(2)(A), 1833(t),
21 1848, or 1886(d), or a payment system referred
22 to in subsection (f), for the provider payment
23 update period to which they relate, together
24 with a description of the data on which such
25 adjustments are based.

1 “(2) DEFINITION.—For purposes of this sec-
2 tion, the term ‘provider payment update period’
3 means—

4 “(A) in the case of the payment systems
5 established under section 1833(t) and section
6 1848, a calendar year;

7 “(B) in the case the payment systems es-
8 tablished under section 1833(i)(2)(A) and sec-
9 tion 1886(d), a fiscal year beginning on October
10 1; and

11 “(C) in the case of a payment system re-
12 ferred to in subsection (f), such calendar year
13 or such fiscal year, as determined by the Sec-
14 retary.

15 “(f) ANNUAL UPDATES FOR OTHER MEDICARE PAY-
16 MENT SYSTEMS.—The provisions of subsection (a) shall
17 apply to payment systems established under this title
18 (other than those specified in subsection (a)) in the same
19 manner as they apply to the payment systems specified
20 in such subsection.”.

21 (b) CONFORMING AMENDMENTS.—

22 (1) AMBULATORY SURGICAL CENTERS.—Section
23 1833(i)(2)(A) of the Social Security Act (42 U.S.C.
24 1395l(i)(2)(A)) is amended by striking “Each” in

1 the second sentence thereof and inserting “Subject
2 to section 1889, each”.

3 (2) OUTPATIENT HOSPITAL PROSPECTIVE PAY-
4 MENT SYSTEM.—Section 1833(t)(6)(A) of such Act
5 (42 U.S.C. 1395l(t)(6)(A)) is amended by striking
6 “The” and inserting “Subject to section 1889, the”.

7 (3) PHYSICIAN PAYMENT.—Section
8 1848(c)(2)(B)(i) of such Act (42 U.S.C. 1395w-
9 4(c)(2)(B)(i)) is amended by striking “The” and in-
10 serting “Subject to section 1889, the”.

11 (4) INPATIENT HOSPITAL PROSPECTIVE PAY-
12 MENT SYSTEM.—Section 1886(d)(4)(C)(i) of such
13 Act (42 U.S.C. 1395ww(d)(4)(C)(i)) is amended by
14 striking “The” and inserting “Subject to section
15 1889, the”.

16 **SEC. 5. PROCESS FOR MAKING AND IMPLEMENTING CER-**
17 **TAIN CODING MODIFICATIONS.**

18 (a) IN GENERAL.—Notwithstanding any other provi-
19 sion of title XVIII of the Social Security Act (42 U.S.C.
20 1395 et seq.), the Secretary of Health and Human Serv-
21 ices shall—

22 (1) accept recommendations for HCPCS level II
23 code modifications from the public throughout the
24 year;

1 (2) cause determinations on recommendations
2 received during the three months immediately pre-
3 ceding the last month of a calendar quarter to be
4 made not later than the first day of the following
5 calendar quarter; and

6 (3) incorporate approved modifications to
7 HCPCS level II codes into the payment systems es-
8 tablished under such title (including the medicare
9 fee schedule data base) not later than 180 days after
10 the date on which the determination approving a
11 modification was made.

12 (b) ELIMINATION OF REQUIREMENT FOR MAR-
13 KETING EXPERIENCE.—Notwithstanding any other provi-
14 sion of title XVIII of the Social Security Act, the Sec-
15 retary of Health and Human Services may not require a
16 minimum period of marketing experience with respect to
17 a drug or device as a condition of consideration or ap-
18 proval of a recommendation for a HCPCS level II modi-
19 fication for such drug or device.

20 (c) DEFINITION.—For purposes of this section, the
21 term “HCPCS level II code modification” means any
22 change to the alpha-numeric codes for items not included
23 in level I or level III of the Health Care Financing Admin-
24 istration Common Procedure Coding System (HCPCS).

1 (d) REPORT.—Not later than 180 days after the date
2 of the enactment of this Act, the Secretary of Health and
3 Human Services shall submit to Congress a report on the
4 feasibility and desirability of opening meetings of the
5 Alpha-Numeric Editorial Panel of the Department of
6 Health and Human Services to the public. If the Secretary
7 determines that opening such meetings to the public is not
8 feasible or desirable, the Secretary shall include in the re-
9 port a detailed explanation of the reasons for such deter-
10 mination.

11 (e) EFFECTIVE DATE.—The provisions of this section
12 take effect on January 1, 2000.

13 **SEC. 6. RETENTION OF HCPCS LEVEL III CODES.**

14 (a) IN GENERAL.—The Secretary of Health and
15 Human Services shall maintain and continue the use of
16 HCPCS level III codes (as in effect on June 1, 1999),
17 and shall make such codes available to the public.

18 (b) DEFINITION.—For purposes of this section, the
19 term “HCPCS Level III codes” means the alpha-numeric
20 codes for local use under the Health Care Financing Ad-
21 ministration Common Procedure Coding System
22 (HCPCS).

○